

**510(k) SUMMARY OF SAFETY AND EFFECTIVENESS*****The NexGen TMT Tibia***

K012866

**Submitter Name:** Implex Corp.

**Submitter Address:** 80 Commerce Drive  
Allendale, New Jersey 07401-1600

**Contact Person:** Robert A. Poggie, Ph.D.

**Phone Number:** (201) 818-1800

**Fax Number:** (201) 995-9722

**Date Prepared:** August 2, 2001

**Device Trade Name:** The NexGen TMT Tibia

**Device Common Name:** Articular Surface and Tibial Components

**Classification Number and Name:** 21 CFR § 888.3560

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**Substantial  
Equivalence:**

The term "substantial equivalence" as used in this 510(k) notification is limited to the definition of substantial equivalence found in the Federal Food, Drug and Cosmetic Act, as amended and as applied under 21 CFR 807, Subpart E under which a device can be marketed without premarket approval or reclassification. A determination of substantial equivalency under this notification is not intended to have any bearing whatsoever on the resolution of patent infringement suits or any other patent matters. No statements related to, or in support of substantial equivalence herein shall be construed as an admission against interest under the US Patent Laws or their application by the courts.

**Device Description:**

The NexGen TMT Tibia is manufactured from Trabecular Metal (Hedrocel Porous Tantalum) with direct compression molded ultra-high molecular weight polyethylene (UHMWPE).

These tibial components are intended for use with Zimmer *NexGen CR* Femoral Components.

***510(k) Summary (Continued)***

**Indications for Use:** The NexGen TMT Tibia is intended for use where severe degeneration, trauma, or other pathology of the knee joint indicates cemented total knee arthroplasty.

**Conclusion:** The NexGen TMT Tibia is substantially equivalent to the identified predicate devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

SEP 26 2001

Dr. Robert A. Poggie  
Director of Applied Research  
Implex Corp.  
80 Commerce Drive.  
Allendale, New Jersey 07401

Re: K012866  
Trade/Device Name: The NEXGEN® TMT Tibia  
Regulation Number: 21 CFR 888.3560  
Regulation Name: Knee joint patellofemorotibial polymer/metal/polymer  
semi-constrained cemented prosthesis.  
Regulatory Class: II  
Product Code: JWH  
Dated: August 24, 2001  
Received: August 27, 2001

Dear Dr. Poggie:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

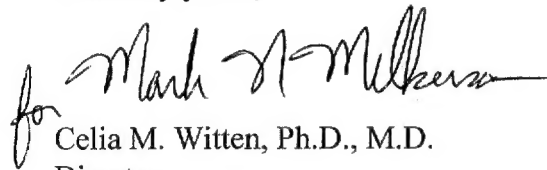
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21-CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Celia M. Witten", with a stylized flourish at the end.

Celia M. Witten, Ph.D., M.D.  
Director  
Division of General, Restorative and  
Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

510(k) Number (if known):

K012866

Device Name:

The NexGen® TMT Tibia

Indications For Use:

The NexGen® TMT Tibia is intended for use where severe degeneration, trauma, or other pathology of the knee joint indicates cemented total knee arthroplasty.

*for Mark N. Melker*  
(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

510(k) Number K012866

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH; Office of Device Evaluation (ODE)

Prescription Use ☒  
(Per 21 CFR 801.109)

OR...

Over-The-Counter Use ☐

(Optional Format 1-2-96)